

# ARIZONA DEPARTMENT OF GAMING

202 E. Earll Drive, Suite 200

Phoenix, Arizona 85012

(602) 604-1801

## INSTRUCTIONS

Type or print an answer to every question. Do not leave any spaces blank. If a question does not apply to you, mark the space with **'None'**. **Do not use N/A.** If you do not have enough space, continue writing your answers on page 10 or use a separate sheet. Be sure to mark each answer with the same number as the question. Answer each question with complete and truthful answers and do not leave any information out. Information on the application form will be reviewed and verified. You must place your initials in the lower right hand corner of each page to indicate that you have correctly answered each question on that page. If you do not understand a question, or need help completing the form, please call the Department of Gaming, Gaming Vendor Certification.

You are advised that this application is an official document and false or incomplete answers could result in criminal prosecution and the denial, or subsequent revocation, of State Certification.

You are further advised that an application for State Certification may not be withdrawn without the permission of the Department of Gaming.

Under the Federal Privacy Act, disclosure of social security numbers is voluntary unless a statute specifically requires it or allows states to collect the number. In this instance, disclosure of your social security number is mandatory pursuant to Title 42 United States Code, Sections 405(c)(2)(c), and Sections 653, 654, and 666; and A.R.S. § 25-320(K) in order to aid the Department of Economic Security in locating non-custodial parents or the assets of non-custodial parents.

I have read and understand these instructions.                      Applicant's initials \_\_\_\_\_

## Application for State Certification

### 1. PERSONAL INFORMATION

Last Name		First Name		Middle Name	
Alias, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise				E-Mail Address	
Present Residence Address - Street or RFD		Since (Date)		City, State and Zip Code	
Present Business Address - Street or RFD		Since (Date)		City, State and Zip Code	
Residence Phone	Business Phone	Current Occupation		Social Security No. Or National ID No.	
Date of Birth	Place of Birth (City, County, and State)			Sex	Age
Are you a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No		Alien Registration No.		Documentation of eligibility for employment in the U.S. Expiration Date	
Scars, tattoos or distinguishing marks and/or characteristics				Driver's License No.	
What is your primary spoken and written language?				Do you speak English fluently? <input type="checkbox"/> Yes <input type="checkbox"/> No	

## 2. MARITAL INFORMATION

☐ Single      ☐ Engaged      ☐ Married      ☐ Separated      ☐ Divorced      ☐ Widowed

### A. Complete the information below, if you are Married, Separated or if your Divorce is pending.

Date of Marriage	Place of Marriage (City, County, and State)		
Spouse's Full Name (Maiden)		Spouse's Social Security No.	
Date of Birth	Place of Birth (City, County, and State)		
Residence Address - Street or RFD		City, County, and State	
Residence Phone (include area code)		Business Phone (include area code)	
Employer's Name & Address			

### B. Previous Marriages (If ever legally separated, divorced, or annulled, indicate below)

Name of Spouse	Date of Decree	Nature of Action	City/County/State

### 3. EDUCATION

Type	Name of School	Location ( City and State)	Dates Attended	Graduate (Yes or No)
High School				
College or University				
Others				

Type of Degree(s) \_\_\_\_\_

### 4. MILITARY INFORMATION

Have you ever served in the armed forces ? ☐ Yes ☐ No

If the answer is yes, complete the following information and provide a copy of DD 214.

Branch \_\_\_\_\_ Serial No. \_\_\_\_\_ Date of Entry \_\_\_\_\_

Date of Separation \_\_\_\_\_ Type of Discharge \_\_\_\_\_ Rating at Separation \_\_\_\_\_

While in the military service, were you ever arrested for an offense which resulted in summary action, a trial, or special or general court martial? If yes, you **must** provide a full explanation of the circumstances of any arrest below:

☐ Yes ☐ No


## 5. ARRESTS, DETENTIONS, AND LITIGATION

The questions below refer to all arrests, detentions, charges, indictments, or summons to answer for any criminal offense or violation for any reason whatsoever (except minor traffic violations), even if you were not convicted. If your answer to any question (A through H below) is yes, you must provide a full explanation of the circumstances on page 10. For example, provide dates, charges, city, state, courts involved, and court copies of disposition, etc.

A. Have you ever been arrested ?

☐ Yes ☐ No

B. Have you ever been convicted of a felony ?

☐ Yes ☐ No

C. Has a criminal indictment, information, or complaint ever been returned against you, but for which you were not arrested or in which you were named as an unindicted co-party?

☐ Yes ☐ No

D. Have you ever been questioned by a city, state, federal, or tribal law enforcement agency, commission or committee ?

☐ Yes ☐ No

E. Have you as individual or as a representative of a business, ever been subpoenaed to appear or testify before a federal, state, grand jury, board, or commission ?

☐ Yes ☐ No

F. Have you ever had a civil or criminal record expunged or sealed by a court order ?

☐ Yes ☐ No

G. Have you ever received a pardon for any criminal offense, or been granted immunity in lieu of testimony ?

☐ Yes ☐ No

H. Have you ever had a Tribal License or State Gaming License denied, revoked, or suspended? (See Section 12)

☐ Yes ☐ No

I. Has any member of your family or your spouse's family ever been convicted of a felony or a gaming offense ?

☐ Yes ☐ No

If you answered yes to question I, you must provide the following information:

Name	Relationship	Charge	Location (City, County, State)	Date

J. Have you, as an individual, member of a partnership, limited liability company or owner, director, or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant ?

☐ Yes      ☐ No

If you answered yes to question I, you must provide the following details below. List all cases without exception.

Plaintiff/Defendant	Court and Case Number	City, County, and State	Date and Disposition
<b>Case 1 Description of Case</b>			
Plaintiff	Court	City	Date
Defendant	Case No.	County and State	Disposition
<b>Case 2 Description of Case</b>			
Plaintiff	Court	City	Date
Defendant	Case No.	County and State	Disposition
<b>Case 3 Description of Case</b>			
Plaintiff	Court	City	Date
Defendant	Case No.	County and State	Disposition
<b>Case 4 Description of Case</b>			
Plaintiff	Court	City	Date
Defendant	Case No.	County and State	Disposition
<b>Case 5 Description of Case</b>			
Plaintiff	Court	City	Date
Defendant	Case No.	County and State	Disposition

## 6. RESIDENCES

Beginning with your current residence, list all your residences for the past 10 years.

Month and Year	Street Address or RFD	City, County, State and Zip Code
From		City
To		County, State, and Zip Code
From		City
To		County, State, and Zip Code
From		City
To		County State, and Zip Code
From		City
To		County, State, and Zip Code
From		City
To		County, State, and Zip Code
From		City
To		County, State, and Zip Code
From		City
To		County, State, and Zip Code
From		City
To		County, State, and Zip Code
From		City
To		County, State, and Zip Code
From		City
To		County, State, and Zip Code
From		City
To		County, State, and Zip Code
From		City
To		County, State, and Zip Code
From		City
To		County, State, and Zip Code
From		City
To		County, State, and Zip Code
From		City
To		County, State, and Zip Code

## 7. EMPLOYMENT

Beginning with your current employment, list your work history, all businesses with which you have been involved, and /or all periods of unemployment, for the last 10 years or since your 18th birthday, whichever comes first. In addition, list all corporations, partnerships or any other business ventures with which you have been associated as an officer, director, stockholder, or related capacity.

From	Employer Name	Business Phone	Is the company involved in the Gaming industry? <input type="checkbox"/> Yes <input type="checkbox"/> No
To	Mailing Address		
Job Title	Description of Duties	Name of Supervisor	Reason for Leaving
From	Employer Name	Business Phone	Is the company involved in the Gaming industry ? <input type="checkbox"/> Yes <input type="checkbox"/> No
To	Mailing Address		
Job Title	Description of Duties	Name of Supervisor	Reason for Leaving
From	Employer Name	Business Phone	Is the company involved in the Gaming Industry ? <input type="checkbox"/> Yes <input type="checkbox"/> No
To	Mailing Address		
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To	Mailing Address		
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From	Employer Name	Business Phone	Is the company involved in the Gaming Industry ? <input type="checkbox"/> Yes <input type="checkbox"/> No
To	Mailing Address		
Job Title	Description of Duties	Name of Supervisor	Reason for Leaving
From	Employer Name	Business Phone	Is the company involved in the Gaming Industry ? <input type="checkbox"/> Yes <input type="checkbox"/> No
To	Mailing Address		
Job Title	Description of Duties	Name of Supervisor	Reason for Leaving
From	Employer Name	Business Phone	Is the company involved in the Gaming Industry ? <input type="checkbox"/> Yes <input type="checkbox"/> No
To	Mailing Address		
Job Title	Description of Duties	Name of Supervisor	Reason for Leaving

## 8. CHARACTER REFERENCES

List five individuals who know you well enough to be used as character references. Do not include relatives, present employer, or employees where you are currently employed.

Name and Where Employed	Street, City, State and Zip Code	Phone	Years Known
Name	Residence Address		
Employer	Business Address		
Name	Residence Address		
Employer	Business Address		
Name	Residence Address		
Employer	Business Address		
Name	Residence Address		
Employer	Business Address		
Name	Residence Address		
Employer	Business Address		
Name	Residence Address		
Employer	Business Address		

## 9. Have you ever held a privilege or professional license or certification in any state, including, but not limited to, the following ? ☐ Yes ☐ No

Real Estate Broker or Salesman	Race Horse/Dog Owner	Accountant	Police Officer
Insurance Salesman	Race Horse/Dog Trainer	Doctor	Security Officer
Securities Dealer	Race Horse/Dog Manager	Lawyer	Private Investigator
Liquor License	Jockey	Nurse	Architect
			General Contractor

If you answered yes, state what type license, where issued, and years held \_\_\_\_\_



**10. Have you ever been disciplined by or appeared, for any reason whatsoever, before any licensing agency or similar authority in or outside the State of Arizona ?** ☐ Yes ☐ No

If you answered yes, you must provide the details \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**11. Have you ever held a financial interest in a gambling venture, including a race track, dog track, race horse or dog, lottery, casino, bookmaking operation, or pari-mutuel operation outside the State of Arizona ?**

☐ Yes ☐ No

If you answered yes, state what type, when and where held, and give the names and locations of the businesses in which you were involved and the names and addresses of all partners and principals.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**12. Have you ever had, or been a participant in a group which has had a gaming license denied, suspended, revoked, forfeited or withdrawn by any gaming authority in any jurisdiction or any country ?**

☐ Yes ☐ No

If you answered yes to either of the above questions, state where, when and for what reason \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**13. Have you ever been granted a gaming license/state certification or been a participant in any group which has been issued a gaming license/state certification in or outside the State of Arizona ?**

☐ Yes ☐ No

If you answered yes, state the type of license, name of the issuing jurisdiction or Indian Tribe, location, and period held \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**14. Do you have any relatives associated with or employed in the gaming industry ?** ☐ Yes ☐ No

If you answered yes, state the name, relationship, and association or employment \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## ADDITIONAL INFORMATION

**If you answered yes to any questions, you must provide a full explanation of the circumstances. For example, provide dates, city, state, nature of offense or violation, name of court involved, disposition, such as fine, confinement, probation, etc.**

[illegible]

State of \_\_\_\_\_ )  
County of \_\_\_\_\_ ) ss.

I, \_\_\_\_\_, being duly sworn, depose and say that this application is true and correct to the best of my knowledge and belief and that this oath is executed with the knowledge that false or incomplete answers could result in criminal prosecution and the denial, or subsequent revocation, of state certification by the Arizona Department of Gaming. Further, that I am voluntarily submitting this application under oath and with full knowledge that it will be reviewed by appropriate Tribal and State authorities charged by law with granting gaming licenses and state certifications.

\_\_\_\_\_  
Signature of Applicant

Subscribed and sworn to (or affirmed) before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
Notary Public

My commission expires \_\_\_\_\_

**ATTACH A PHOTOGRAPH  
TAKEN WITHIN THE  
LAST 30 DAYS**